



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**  
MAY 09 2023  
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1. Entity ID Number <b>536789</b>		2. Exact name of the Corporation <b>Wayside Glass &amp; Mirror Company, Inc.</b>			
3. Principal Office Address <b>940 Boston Post Road</b>		City <b>Marlborough</b>		State <b>MA</b>	Zip <b>01752</b>
4. NAICS Code <b>238150</b>		6. Brief description of the character of business conducted in Rhode Island <b>Glass and aluminum installations.</b>			
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vincent J. Purpura, Jr.</b>			Vice-President Name		
Street Address <b>220 Winch Street</b>			Street Address		
City <b>Framingham</b>	State <b>MA</b>	Zip <b>01701</b>	City	State	Zip
Secretary Name <b>Vincent J. Purpura, Jr.</b>			Treasurer Name <b>Vincent J. Purpura, Jr.</b>		
Street Address <b>39 Grove Street</b>			Street Address <b>39 Grove Street</b>		
City <b>Hopkinton</b>	State <b>MA</b>	Zip <b>01748</b>	City <b>Hopkinton</b>	State <b>MA</b>	Zip <b>01748</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Vincent J. Purpura, Jr.</b>			Director Name <b>Vincent J. Purpura, Jr.</b>		
Street Address <b>220 Winch Street</b>			Street Address <b>39 Grove Street</b>		
City <b>Framingham</b>	State <b>MA</b>	Zip <b>01701</b>	City <b>Hopkinton</b>	State <b>MA</b>	Zip <b>01748</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/STRIKES	
		1000		CNP	
				PAR VALUE	
				0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>Vincent J. Purpura, Jr.</b>				Date <b>2-14-23</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov